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1 2006						PTO/SB/17 (01-0	
Fees afficuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
EE TRANSMITTAL			Application Number		10/797,215		
			Filing Date		March 9, 2004		
For FY 2006			First Named Inventor	<del></del>	PHAN, LOC X.		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		BUMGARNER, MELBA N		
TOTAL AMOUNT OF PAYMENT (\$) 130			Art Unit	3732			
			Attorney Docket No.	018563-0	018563-001550US/AT-00047.4		
Deposit Account  For the above-ide  Charge fee(s	Card Money Order Deposit Account Number: 20-1430 ntiffed deposit account, the Direct of indicated below additional fee(s) or underpayments R 1.16 and 1.17 is form may become public. Credit c.	tor is he	Deposit Account N reby authorized to: (c Charge fe	eme: Townsend heck all that a e(s) indicated in	pply) below, excep	end and Crew LLP t for the filing fee	
	Il the fees below are due up	on filir	ng or may be sub	ect to a sur	charge.)		
BASIC FILING, SEA     Application Type	Small Entity		RCH FEES I Small Entity () Fee (\$)	EXAMINATIO Small E Fee (\$) Fee	Intity	Fees Paid (\$)	
Utility	300 150	500	250	200 100	0		
Design	200 100	100	50	130 63	5		
Plant	200 100	300	150	160 80	o		
Reissue	300 150	500	- 250	600 300	0		
Provisional	200 100	0	0	0 (	0		
Multiple dependent of Total Claims  -20 or HP HP = highest number of total of Indep. Claims -3 or HP HP = highest number of indepe 3. APPLICATION SIZE If the specification and listings under 37 C sheets or fraction to Total Sheets - 100 4. OTHER FEE(S)	aim over 3 (including Reissue claims  Extra Claims  X  Isims paid for, if greater than 20  Extra Claims  Extra Claims  Fee (\$)  Isims paid for, if greater than 20  Extra Claims  Fee (\$)  I drawings paid for, if greater than 3  FEE  I drawings exceed 100 sheets  FR 1.52(e)), the application shereof. See 35 U.S.C. 41(a)(included the sheets)  Extra Sheets  Number	of papsize fee	due is \$250 (\$125 nd 37 CFR 1.16(s) ch additional 50 or (round up to a whole	ronically file for small en	ed sequence	ree (\$) 25 100 180 ndent Ctaims ree Paid (\$)  or computer th additional 50  ree Paid (\$)  rees Paid (\$)	
Other (e.g., late filing surcharge): Terminal Disclaimer 130						130	
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SUBMITTED BY Signature	A	-	Registration No. (Attorney/Agent)	9,541	Telephone	650-326-2400	
Name (Print/Type) Jame	es M. Heslin				Date Ma	Date May 9, 2006	

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